

## Iowa Department of Natural Resources

## **WELL PLUGGING RECORD**

Pellill No					Date.		
Lessee or Opera	ator:						
Address:	City/Sta				ate/Zip:		
Lease Name:		Well No	o.:	County:			
		½, Sec					
				Foi			
		I Information, etc.)			·		
Date well was p	lugged:		G	live results of all dr	ill stem tests on re	verse side.	
Electric or other	logs run?						
Was this well co	ored?	No If yes, give	intervals:				
*NAME OF EACH FORMATION		FLUID CON	FLUID CONTENT EACH		AL **SIZE, KI	**SIZE, KIND, AND DEPTH	
CONTAINING OIL, GAS, OR WATER		R FORM	FORMATION		ON OF P	OF PLUGS USED	
	nation open to well bor ueeze cemented, givin						
CASING SIZE	WHERE SET	AMOUNT	PERFORATED	BRIDGE OR	DEPTH PLACED	NUMBER SACKS	
		RECOVERED		PLUGS		CEMENT	
_							
_							
Describe in deta	ail how the well wa	as plugged (use rev	verse if needed):				
Was circulation	lost?	No If yes, give	details:				
					_		
Was any equipment, etc., lost or left in the hole before or during plugging?   Yes  No							
If yes, give details:							
Was notice given before plugging to all available adjoining lease and landowners? ☐ Yes ☐ No							
Name and addre	ess of person in c	harge of plugging:					
Representatives	s of owner, operate	or, company, or co	ntractor who with	essed plugging:			
				(LESSEE OR (	ODEDATOR)		
STATE OF		— } &		(LESSEE OR C	JPERATOR)		
COUNTY OF		) <b>3</b>	(212)				
			`	IATURE)	•	ΠΤLE)	
Before me, the ur	ndersigned, a Notar	y Public in and for th	e County and State	e aforesaid, on this d	ay personally appea	ired	
instrument who h	ooing by mo duly sw			ne person whose nar			
				orized to make the ab ation are true and co		mat ne nas	
Subscribed and sworn to me this day of ,20							
My Commission e							
,	r <u></u>		<del></del> _	NOT	ARY PUBLIC		

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